

Agency Case Number C000634436-01		Agency NCIC Number GAGSP0000		GEORGIA MOTOR VEHICLE CRASH REPORT				County HALL			Date Rec. by GDOT		
Estimated Crash Date 05/01/19	Time 21:35	Dispatch Date 05/01/19	Time 21:42	Arrival Date 05/01/19	Time 21:57	Vehicles 2	Injuries 1	Fatalities 0	Inside City Of				
Road of Occurrence I-985 NB Not At Its Intersection But 1000											<input type="checkbox"/> Corrected Report		
Miles North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West Feet Of SR 347											<input type="checkbox"/> Sup To Original		
Latitude (Y) (Format) 34.13646		Longitude (X) (Format) -83.95382		<input type="checkbox"/> Hit And Run?									
Unit # 1	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME RAVEN	FIRST THOMAS	MIDDLE AVERY	Unit # 2	<input checked="" type="checkbox"/> Driver <input type="checkbox"/> Ped <input type="checkbox"/> Bike	LAST NAME KHIMANI	FIRST SABJA	MIDDLE ALI				
<input checked="" type="checkbox"/> Susp At Fault				<input type="checkbox"/> Susp At Fault									
City FLOWERY BR GA		Zip 30542	DOB 7/1957	City RICHMOND HILL NY		Zip 11418	DOB 7/1958						
Driver's License No.		Class C	State GA	Country UNITED STATES	Driver's License No.		Class E	State NY	Country UNITED STATES				
Insurance Co. SAFEWAY INSURANCE		Policy No. 3099745-GA-PP-001	Telephone No.		Insurance Co. PROGRESSIVE		Policy No. 923888828	Telephone No.					
Year 2017		Make KIA	Model FORTE LX		Year 2014		Make HONDA	Model ODYSSEY					
VIN 3KPFK4A70HE142424		Vehicle Color BLU		VIN 5FNRL5H91EB017672		Vehicle Color SIL							
Tag # RHU3175		State GA	County HALL	Year 2019	Tag # RFA0147		State GA	County FULTON	Year 2020				
Trailer Tag #		State	County	Year	Trailer Tag #		State	County	Year				
<input checked="" type="checkbox"/> Same as Driver	Owner's Last Name RAVEN	First THOMAS	Middle AVERY	<input type="checkbox"/> Same as Driver	Owner's Last Name ALI	First KHIMANI	Middle SABJA						
Address				Address									
City FLOWERY BRANCH GA		Zip 30542-3308			City SANDY SPRINGS GA		Zip 30328-2675						
Removed By: DON KERNS WRECKER		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List		Removed By: OWNER		<input type="checkbox"/> Request <input checked="" type="checkbox"/> List							
Alco Test: 2	Type:	Results:	Drug Test: 2	Type:	Results:	Alco Test: 2	Type:	Results:	Drug Test: 2	Type:	Results:		
First Harmful Event: 11	Most Harmful Event: 2	Operator/Ped Cond: 1		First Harmful Event: 11		Most Harmful Event: 11	Operator/Ped Cond: 1						
Operator Contributing Factors 3		1		Operator Contributing Factors 1		1		1					
Vehicle Contributing Factors 1		Roadway Contributing Factors 6		Vehicle Contributing Factors 1		Roadway Contributing Factors 6		Vehicle Contributing Factors 1		Roadway Contributing Factors 6			
Direction of Travel: 1		Vehicle Maneuver: 5 Non-Motor Maneuver:		Direction of Travel: 1		Vehicle Maneuver: 5 Non-Motor Maneuver:		Direction of Travel: 1		Vehicle Maneuver: 5 Non-Motor Maneuver:			
Vehicle Class: 1		Vehicle Type: 1 Vision Obscured: 1		Vehicle Class: 1		Vehicle Type: 10 Vision Obscured: 1		Vehicle Class: 1		Vehicle Type: 10 Vision Obscured: 1			
Number of Occupants: 1		Area of Initial Contact: 12 Damage to Veh: 4		Number of Occupants: 2		Area of Initial Contact: 6 Damage to Veh: 3		Number of Occupants: 2		Area of Initial Contact: 6 Damage to Veh: 3			
Traffic-Way Flow: 3		Road Comp: 2 Road Character: 1		Traffic-Way Flow: 3		Road Comp: 2 Road Character: 1		Traffic-Way Flow: 3		Road Comp: 2 Road Character: 1			
Number of Lanes: 4		Posted Speed: 70 Work Zone: 2		Number of Lanes: 4		Posted Speed: 70 Work Zone: 2		Number of Lanes: 4		Posted Speed: 70 Work Zone: 2			
Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Traffic Control: 7		Device Inoperative: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Citation Information: Citation # E03242092 O.C.G.A. § 40-6-49 Citation # D00242690 O.C.G.A. § 16-10-2(b) Citation # O.C.G.A. §						Citation Information: Citation # O.C.G.A. § Citation # O.C.G.A. § Citation # O.C.G.A. §							
COMMERCIAL MOTOR VEHICLES ONLY													
Carrier Name:						Carrier Name:							
Address		City		State Zip		Address		City		State Zip			
U.S. D.O.T. #		No. of Axles		G.V.W.R.		U.S. D.O.T. #		No. of Axles		G.V.W.R.			
Cargo Body Type		Vehicle Config.		<input type="checkbox"/> Interstate <input type="checkbox"/> Intrastate		Fed. Reportable <input type="checkbox"/> Yes <input type="checkbox"/> No		Cargo Body Type		Vehicle Config.			
C.D.L.?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		C.D.L. Suspended?		<input type="checkbox"/> Yes <input type="checkbox"/> No		C.D.L.?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Vehicle Placarded?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Hazardous Materials?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Placarded?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Haz Mat Released?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Haz Mat Released?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Haz Mat Released?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES: Name or four Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond						If YES: Name or four Digit Number from Diamond or Box: One Digit Number from Bottom of Diamond							
<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units						<input type="checkbox"/> Ran Off Road <input type="checkbox"/> Down Hill Runaway <input type="checkbox"/> Cargo Loss or Shift <input type="checkbox"/> Separation of Units							

PLAINTIFF'S EXHIBIT

Tables

COLLISION FIELDS

Manner of Collision:	3	Location at Area of Impact:	1	Weather:	1	Surface Condition:	1	Light Condition:	5
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NARRATIVE

Vehicle 1 and vehicle 2 were both traveling north on I-95S in the left lane. Vehicle 2 was slowing for traffic ahead while vehicle 1 was following too closely, causing its front to strike vehicle 2 in the rear. After impact vehicle 2 was slowing to stop while vehicle 1 front stayed against the rear of vehicle 2 in the left lane of I-95S. Driver 1 then either kept his foot on the accelerator or the accelerator of vehicle 1 stuck, causing the front tires to spin. Vehicle 1's front tires caught fire and disintegrated.

Note: Driver 1 stated he saw smoke coming from his hood prior to colliding with vehicle 2.

Note: Driver 2 stated vehicle 1 struck his vehicle in the rear multiple times before he stopped.

This investigation was recorded on 172 USB Permit #42808.

DIAGRAM

INDICATE
NORTH



PROPERTY DAMAGE INFORMATION

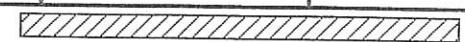
Damage Other Than Vehicle

Owner

WITNESS INFORMATION

Name (Last, First)	Address	City	State	Zip Code	Telephone Number
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OCCUPANT INFORMATION

1	Name (Last, First): RAVEN, THOMAS					Address: 				
	Age: 61	Sex: M	Unit #: 1	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 2	Taken for Treatment: 1
Injury Taken To: NEGMC		By: HALL COUNTY EMS		EMS Notified Time:			EMS Arrival Time:		Hospital Arrival Time:	
2	Name (Last, First): KHIMANI, SABJA					Address: 				
	Age: 61	Sex: M	Unit #: 2	Position: 1	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
Injury Taken To:		By:		EMS Notified Time:			EMS Arrival Time:		Hospital Arrival Time:	
3	Name (Last, First): KHIMANI, YASMEEN					Address: 				
	Age: 58	Sex: F	Unit #: 2	Position: 3	Safety Eq: 3	Ejected: 1	Extricated: 2	Air Bag: 2	Injury: 0	Taken for Treatment: 2
Injury Taken To:		By:		EMS Notified Time:			EMS Arrival Time:		Hospital Arrival Time:	

ADMINISTRATIVE

Photos Taken:	<input type="checkbox"/> Yes	By:	Officer Note: If collision resulted in a fatality, please send prompt notification to the GDOT Crash Reporting Unit via either email at GeorgiaFARS@dot.ga.gov or Fax at (404) 655-2003.								
Report By:	Agency: GSPB/POST 6		Report Date: 05/01/19	Checked By: PARKER, C.E. #0134							
Report By:	JAMES, J. #0172		Date Checked: 05/06/19								

ADDITIONAL or FULL PAGE DIAGRAM



NOT TO SCALE

I-985 Southbound

A.O.



I-985 Northbound

Narrative:

Vehicle 1 and vehicle 2 were both traveling north on I-985 in the left lane. Vehicle 2 was slowing for traffic ahead while vehicle 1 was following too closely, causing its front to strike vehicle 2 in the rear. After impact vehicle 2 was slowing to stop while vehicle 1 front stayed against the rear of vehicle 2 in the left lane of I-985. Driver 1 then either kept his foot on the accelerator or the accelerator of vehicle 1 stuck, causing the front tires to spin. Vehicle 1's front tires caught fire and disintegrated.

Note: Driver 1 stated he saw smoke coming from his hood prior to colliding with vehicle 2.

Note: Driver 2 stated vehicle 1 struck his vehicle in the rear multiple times before he stopped.

This investigation was recorded on 172 USB Perm# 4280B.